

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



February 21, 1991

ALL COUNTY INFORMATION NOTICE NO. I-17-91

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TRANSITIONAL CHILD CARE - FORMS REVISIONS

REFERENCE: 47-100 (TRANSITIONAL CHILD CARE PROGRAM)
ALL COUNTY LETTER 90-20, DATED MARCH 22, 1990
ALL COUNTY LETTER 90-78, DATED AUGUST 17, 1990

The purpose of this letter is to transmit revised copies of the TCC 30, Transitional Child Care Worksheet; the TCC 30A, Family Fee Computation Worksheet; and the TCC 43, Request for Transitional Child Care Payment. The forms revisions reflect regulation changes made during the interim time between filing of emergency TCC regulations and final regulations. The final regulations were forwarded to counties in All County Letter 90-78. Attachment I of this letter outlines the changes made to each form.

STOCK

The DSS Warehouse will no longer stock the above forms. Camera-ready copies of the English and Spanish versions can be obtained from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

NOTE:

- o The DSS Warehouse will continue to stock the TCC 1, Request for Transitional Child Care (Longform) and the TCC 1A, Request for Transitional Child Care (Shortform).
- o All forms are recommended, including the TCC 1 and TCC 1A, which have been required forms. When next printed, the TCC 1 and TCC 1A will be revised to show the new designation.

It is recommended that counties use the attached revisions of the TCC forms as soon as possible to ensure conformity with MPP Section 47-100 (The Transitional Child Care Program).

ASIAN TRANSLATIONS

The TCC 43 will be translated into Cambodian, Chinese, Lao and Vietnamese and will be issued under separate cover by the Language Services Bureau when available.

If you have any questions or comments regarding the revised TCC forms, call
LeAnne Torres of the Welfare Policy Implementation Bureau at (916) 324-2016 or
ATSS 454-2016.


ROBERT A. MOREL
Deputy Director

Attachments

January 1991

FORMS CHANGES - TCC 30 and TCC 43

TCC 30, TRANSITIONAL CHILD CARE WORKSHEET

- o The Family Fee Computation has been deleted from the TCC 30 and moved into a separate sheet, the TCC 30A.
- o The types of care (item #3) have been expanded and clarified to: Day Care Center (DCC), Family Day Care (FDC), Exempt Care (E), and Special Need (SN).
- o The Allowable RMR at the 75th Percentile (item #5 on the prior revision) has been expanded to Weekly RMR Conversions at the 75th Percentile. RMR is now computed per week (MPP 47-155.72).
- o Instructions for completing the TCC 30 are attached. The State recommends that the instructions be copied on the back of the TCC 30 Worksheet.

TCC 43, REQUEST FOR TRANSITIONAL CHILD CARE PAYMENT

PART A - RECIPIENT FILLS IN THIS SECTION

- o Item #1 has been changed to include a check box for the TCC recipient to indicate no changes in hours worked, child care costs or child care Provider. If the recipient marked this box, he/she would sign their name and disregard the remaining questions on the form (MPP 47-175.112).
- o Question #4 has been revised to ask for information only if the Provider has changed. Additionally it expands the types of child care to: child's home, family day care, day care center, before school care, after school care and other (explain). The recipient indicates if the Provider is licensed or exempt.
- o Question #5 is new and asks for one time only charges such as registration, supply or cot fees, etc.
- o The wording in the certification has been condensed and simplified.

PART B - PROVIDER FILLS IN THIS SECTION

- o Questions #3 and #4 from the prior form revision have been deleted because Counties indicated that these questions, which were confusing to Providers, were not completed adequately. To correct this problem, Item #1 was revised to include a NOTE to the Provider: "If past due fees are owed to you and you have not been paid, please comment below."

- o Duplication of information has been eliminated. We no longer ask the Provider for information which has already been asked of the TCC recipient.
- o Space is provided for the Child Care Provider to enter information on a weekly basis (item #3) and on a monthly basis (item #4) if a monthly rate is charged.
- o The Certification has been condensed and simplified.
- o A comment section is included for the Provider.

FAMILY FEE COMPUTATION WORKSHEET

CASE NAME
CASE NUMBER
TCC WORKER

DATE OF TCC REQUEST	DATE TCC PERIOD BEGINS	DATE TCC ENDS
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Family Fee Computation (to be completed at request for TCC benefits, redetermination or request for recomputation)

Number of Family Members	Family Fee Effective Date		
1. Gross Family Earnings	\$		
	+		
2. Self-Employed Income	+		
3. Total Earnings	\$		
4. Family Fee (From Family Fee Schedule)	\$		

Comments:

TCC 30A (11/90) Recommended Form

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

FAMILY FEE COMPUTATION WORKSHEET

CASE NAME
CASE NUMBER
TCC WORKER

DATE OF TCC REQUEST	DATE TCC PERIOD BEGINS	DATE TCC ENDS
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Family Fee Computation (to be completed at request for TCC benefits, redetermination or request for recomputation)

Number of Family Members	Family Fee Effective Date		
1. Gross Family Earnings	\$		
	+		
2. Self-Employed Income	+		
3. Total Earnings	\$		
4. Family Fee (From Family Fee Schedule)	\$		

Comments:

TCC 30A (11/90) Recommended Form

TRANSITIONAL CHILD CARE WORKSHEET

CASE NAME _____

CASE NUMBER _____

TCC WORKER _____

DATE OF TCC REQUEST

DATE TCC BEGINS

DATE TCC ENDS

Reimbursement Computation (when necessary, complete when a request for payment is received)

Number of Children	Payment Month													
		1.		2.		3.		4.		5.		6.		
1. Child's Name														
2. Full Time (F) Part Time (P)	F	P	F	P	F	P	F	P	F	P	F	P	F	P
3. Day Care Center (DCC) Family Day Care (FDC) Exempt Care (E), Special Need (SN)	DCC	FDC	DCC	FDC	DCC	FDC	DCC	FDC	DCC	FDC	DCC	FDC	DCC	FDC
	E	SN	E	SN	E	SN	E	SN	E	SN	E	SN	E	SN
4. Licensed (L) Exempt (E)	L	E	L	E	L	E	L	E	L	E	L	E	L	E
5. Child's Age														
6. Actual Monthly Child Care Cost per Child	\$													
7. Weekly RMR Conversions at 75th Percentile														
a. Week 1 Date Paid: Hours of Care:	\$													
b. Week 2 Date Paid: Hours of Care:	+													
c. Week 3 Date Paid: Hours of Care:	+													
d. Week 4 Date Paid: Hours of Care:	+													
e. Week 5 Date Paid: Hours of Care:	+													
8. Total Monthly RMR at 75th Percentile (total 7a thru 7e)	\$													
9. Monthly RMR Conversion (Weekly rate x 4.3, if Child Care Paid Monthly)	=													
10. Allowable RMR at 75th Percentile (Item 8 or 9)	\$													
11. Maximum Reimbursement per Child (Lesser of 6 or 10)	\$													
12. Total Allowable Maximum Reimbursement (Child 1 plus Child 2, etc., in Item 11)	\$													\$
13. Total Actual Child Care Cost (Child 1 plus Child 2, etc., in Item 6)	\$													\$
14. Family Fee (From TCC 30A, Item 4)	-													-
15. Reimbursement Amount-Actual Cost (13 minus 14)	\$													\$
16. Reimbursement (Lesser of 12 or 15)	=													=
17. Overpayment Adjustment	-													-
18. Net Reimbursement	\$													\$
Worker Initial/Date:	/													/

Form Instructions for the Eligibility Worker

Transitional Child Care Worksheet (TCC 30)

Purpose

The TCC 30 is used to compute and document TCC reimbursement amounts on a monthly basis. It can also serve to collect certain data elements needed for monthly statistical reporting purposes.

Preparation

The Eligibility Worker completes this form for each month a TCC reimbursement request is made on the TCC 43, Request for TCC payment form. The TCC 30 provides enough space for three months of TCC computations.

Items 1 thru 5

Enter the Child's Name, indicate whether child care is full or part-time, the type of provider, whether the provider is licensed or exempt and the child's age.

Item 6

Enter the monthly cost of child care for each child listed. It is either the actual cost paid in the month; or, the incurred cost, if payment is made directly to the provider.

Item 7

Enter the weekly Regional Market Rate (RMR) conversions per MPP Sections 47-150.722 - 47-150.724 (hourly rates are converted to weekly rates). Also enter the date(s) child care was paid in the calendar month and the hours of care per week. Using the RMR chart, decide the category of care for each child based on the following information: full or part-time care (determined by hours of care per week from the RMR Survey), the hourly or weekly payment, the type of provider and the child's age. Convert each week and enter the RMR amount in each box corresponding to the week paid.

Item 8

Enter the Total Monthly RMR at 75th Percentile (total of 7a thru 7e).

Item 9

Enter the monthly conversion figure at the 75th Percentile of RMR only when the child care is paid on a monthly basis. Use the weekly RMR multiplied by a 4.3 conversion factor.

Item 10

Enter the information from either Item 8 or Item 9, depending on the method of payment. This is the monthly total of weekly RMR conversions (7a thru 7e) or the monthly converted rate when child care is paid on a monthly basis.

Item 11

Enter the Maximum Reimbursement per Child which is the lesser of Item 6 or Item 10 (MPP 47-150.4). The maximum reimbursement per Child is the lesser of the Actual Monthly Child care cost paid (Item 6) or the allowable RMR at 75th Percentile (Item 10).

Item 12

Enter the combined total of each child's Maximum Reimbursement in Item 11 which is the total of Child 1 plus Child 2, etc. This figure gives the total combined allowable Reimbursement amount per TCC family.

Item 13

Enter the totals for all children (Child 1 plus child 2, etc.), from Item 6. This step is necessary since the Family Fee is deducted only once in a month from the total actual child care cost.

Item 14

Enter the current Family Fee (#4 on the TCC 30A).

Item 15

Enter the reimbursement amount based on actual cost by deducting Item 14 from Item 13.

Item 16

Enter the lesser of Item 12 or 15. This figure is the TCC reimbursement for the Payment Month. If there is an Overpayment Adjustment, continue to Item 17.

Item 17

Enter the overpayment adjustment amount computed per MPP 47-190.

Item 18

Enter the Net Reimbursement amount (Item 16 less Item 17).

Worker Initial/Date

Enter the initials of the TCC worker and the date the computation was completed.

REQUEST FOR TRANSITIONAL CHILD CARE PAYMENT

Instructions: Complete and return this report to your TCC Worker. You will not get a TCC payment unless a request is received each month. Attach proof of hours worked this month. Part A must be completed by you and Part B, on the back of this form, by the Child Care Provider

NEED HELP? ASK YOUR TCC WORKER.

MONTH OF REQUEST:

COUNTY USE ONLY

Date received:

PART A - RECIPIENT FILLS IN THIS SECTION.

NAME (FIRST, MIDDLE, LAST)	HOME PHONE	WORK PHONE
1. ADDRESS (STREET, CITY, STATE, ZIP CODE)	()	()

If your hours of work, child care costs and child care provider have not changed, check the box next to the statement below. Sign your name and list the date on the bottom of this page. If you had changes, complete all of the questions, and sign and date at the bottom.

I declare that my hours of work, child care costs and child care provider have not changed.

2. List each family member who worked.

NAME	TOTAL HOURS WORKED	NAME	TOTAL HOURS WORKED
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Total Hours Worked Verified

3. I paid child care costs for this month.

YES NO

If "YES", complete below.

CHILD'S NAME	PROVIDER'S ADDRESS	AMOUNT PAID

4. Has your child care provider changed since your last request for a TCC payment?

YES NO

If "YES", complete below.

PROVIDER'S NAME	PROVIDER'S ADDRESS	PHONE ()

RMR Changed

Type of Child Care (✓)

- Child's Home Family Day Care Day Care Center
 Before School Care After School Care Other (explain):

Type of Provider (✓)

- Licensed. List License Number (if Known):
 Exempt

Type of Child Care Rate

- Family Day Care
 Day Care Center
 In-Home/Exempt Care
 Special Needs Care

5. Did you pay any application or service fees that are one time only charges?

YES NO

(Include registration, supply, or cot fees, etc.)

If "YES", complete below.

Type of Fees	Provider's Name	Amount Charged	Date Paid

Fee Verified

CERTIFICATION

- I understand that the child care provider must have a license or not need a license (be exempt) so I can get a TCC payment.
- I understand that the county will pay TCC benefits only for hours of child care reasonably related to the hours I work.
- I understand that I have the right to choose the child care provider who is best for me and my child(ren) and the County may visit the child care site.
- I understand that I must repay any TCC benefits I am not entitled to get.
- I understand that the County does not act as the child care provider's employer; and, does not have a business or contractual relationship with the child care provider when a TCC payment is paid.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true, correct and complete and that the child care was provided.

SIGNATURE OF RECIPIENT

DATE

PART B - CHILD CARE PROVIDER FILLS IN THIS SECTION

- 1. Complete the following information. (Note: If past due fees are owed to you and you have not been paid, please comment below).**

Name of Provider

I am at least 18 years of age.

 YES NO

- 2. Child care is charged:** Hourly Daily Weekly Every Other Week Monthly
 Other (explain):

- 3. If you charge an hourly, daily or weekly rate for child care, complete below.**

a. Child's Name	Week 1	Week 2	Week 3	Week 4	Week 5
	Hours of Care				
	Amount Charged				
	\$	\$	\$	\$	\$
	Amount Paid				
	\$	\$	\$	\$	\$
	Date Paid				

b. Child's Name	Week 1	Week 2	Week 3	Week 4	Week 5
	Hours of Care				
	Amount Charged				
	\$	\$	\$	\$	\$
	Amount Paid				
	\$	\$	\$	\$	\$
	Date Paid				

- 4. If you charge a monthly rate for child care, complete below.**

Child's Name	Hours of Care per Week	Amount Charged	Amount Paid	Date Paid
		\$	\$	
Child's Name	Hours of Care per Week	Amount Charged	Amount Paid	Date Paid
		\$	\$	

CERTIFICATION

- I understand that I must have a license or not need a license (be exempt) in order to get a TCC payment.
- I understand that I must provide a clean, healthy and safe place for child care and the County may visit the child care site.
- I understand that I may be required to repay any TCC benefits I am not entitled to get.
- I understand that the County does not act as my employer or have a business or contractual relationship with me when I get a TCC payment.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this request is true, correct and complete and that the child care was provided.

SIGNATURE OF PROVIDER

DATE

Comments:

SOLICITUD PARA PAGO DE TRABAJO Y DECLARACION DE CUIDADO DE NIÑOS

Instrucciones: Complete y regrese este reporte a su trabajador(a) de TCC. Usted no recibirá un pago de TCC a menos que se reciba una solicitud cada mes. Adjunte pruebas de las horas trabajadas este mes. La parte A tiene que ser completada por usted, y la parte B, en el reverso de esta forma, por el proveedor del cuidado de niños.

¿NECESITA AYUDA? HABLE CON SU TRABAJADOR DE TCC.

MES DE LA SOLICITUD:

PARTE A - EL BENEFICIARIO LLENA ESTA SECCION.

NOMBRE, DE ENMEDIO, APELLIDO	TELEFONO EN CASA	TEL. EN EL TRABAJO
1. DIRECCION (CALLE, CIUDAD, ESTADO, ZONA POSTAL)	()	()

Si no han cambiado sus horas de trabajo, costo de cuidado de niños y proveedor de cuidado de niños, marque la casilla que está cerca de la declaración enseguida. Firme y ponga la fecha al final de esta página. Si tuvo cambios, conteste todas las preguntas, firme y ponga la fecha al final.

Declaro que no han cambiado mis horas de trabajo, el costo de cuidado de niños, ni el proveedor.

2. Anote el nombre de cada miembro de la familia que trabajó.

NOMBRE	TOTAL DE HORAS TRABAJADAS	NOMBRE	TOTAL DE HORAS TRABAJADAS

Total Hours Worked Verified

3. PAGUE COSTO DE CUIDADO DE NIÑOS ESTE MES.

SI NO

Si contestó "SI", complete la sección de abajo.

NOMBRE DEL NIÑO(A)	DIRECCION DEL PROVEEDOR	CANTIDAD PAGADA

RMR Changed

4. ¿Ha cambiado su proveedor de cuidado de niños desde que solicitó su último pago de TCC?

SI NO

Si contestó "SI", complete la sección de abajo.

NOMBRE DEL PROVEEDOR	DIRECCION DEL PROVEEDOR	TELEFONO
		()

Type of Child Care Rate

Clase de cuidado de niños (<input checked="" type="checkbox"/>)	Clase de proveedor (<input checked="" type="checkbox"/>)
<input type="checkbox"/> El hogar del niño <input type="checkbox"/> Centro familiar <input type="checkbox"/> Guardería durante el día	<input type="checkbox"/> Con licencia Ponga el No. de la licencia (si lo sabe):
<input type="checkbox"/> Antes de la escuela <input type="checkbox"/> Despues de la escuela <input type="checkbox"/> Otro (explique):	<input type="checkbox"/> Exento

Family Day Care
 Day Care Center
 In-Home/Exempt Care
 Special Needs Care

NOMBRE DEL NIÑO	PARENTESCO DEL PROVEEDOR CON EL NIÑO:	NOMBRE DEL NIÑO	PARENTESCO DEL PROVEEDOR CON EL NIÑO:

Fee Verified

5. ¿Pagó cuotas de solicitud o servicio que se cobran una sola vez?

SI NO

(Incluya matrícula, útiles, o cuota de cierre (cama), etc.)

Si contestó "SI", complete la sección de abajo.

Clase de cuota	Nombre del proveedor	Cantidad que se cobró	Fecha de cobro

CERTIFICACION

- Entiendo que el proveedor de cuidado de niños tiene que tener licencia, o no necesitarla (estar exento) para que yo pueda recibir un pago de TCC.
- Entiendo que el condado pagará beneficios de TCC, solamente por horas de guardería que se comparen con las horas que trabajo.
- Entiendo que tengo el derecho de escoger el proveedor de cuidado de niños que más nos convenga a mí y a mis hijos, y que el condado puede visitar el local donde se proporcione el cuidado.
- Entiendo que tengo que reembolsar cualesquier beneficios de TCC que no tenga derecho a recibir.
- Entiendo que el condado no opera como patrono o empleador del proveedor de cuidado de niños; y, que no tiene una relación de negocios, o contrato con el proveedor, cuando se le hagan pagos de TCC.

Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América y del Estado de California, que la información contenida en esta solicitud es verdadera, correcta, y completa, y que se proveyó el cuidado de niños.

FIRMA DEL BENEFICIARIO

FECHA

SOLO PARA USO DEL CONDADO

Date received:

PARTE B - EL PROVEEDOR DE CUIDADO DE NIÑOS LLENA ESTA SECCION**1. Complete la siguiente información. (Nota: Si le deben pagos atrasados, por favor escriba sus comentarios enseguida.)**

Nombre del proveedor	Tengo por lo menos 18 años de edad.
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SI NO

2. El cuidado de niños se cobra: Por hora Por día Semanalmente Cada dos semanas Mensualmente
 Otro (explique):

3. Si cobra por el cuidado de niños una tarifa por hora, diaria, o semanal, complete enseguida.

a. Nombre del niño	Semana 1	Semana 2	Semana 3	Semana 4	Semana 5
	Horas de cuidado				
	Cantidad que se cobra \$				
	Cantidad que se paga \$				
	Fecha en que se paga				

b. Nombre del niño	Semana 1	Semana 2	Semana 3	Semana 4	Semana 5
	Horas de cuidado				
	Cantidad que se cobra \$				
	Cantidad que se paga \$				
	Fecha en que se paga				

4. Si cobra una tarifa mensual por el cuidado de niños, complete enseguida.

Nombre del niño	Horas de cuidado por semana	Cantidad que se cobra \$	Cantidad que se paga \$	Fecha en que se paga
Nombre del niño	Horas de cuidado por semana	Cantidad que se cobra \$	Cantidad que se paga \$	Fecha en que se paga

CERTIFICACION

- Entiendo que tengo que tener una licencia o no necesitarla (estar exento) para poder recibir un pago de TCC.
- Entiendo que tengo que brindar un lugar limpio, saludable y seguro para el cuidado de niños, y que el condado puede visitar el lugar.
- Entiendo que es posible que se me requiera reembolsar cualesquier beneficios de TCC que no tenga derecho a recibir.
- Entiendo que el condado no opera como mi patrono ni tiene una relación de negocios o como contratista conmigo, cuando reciba pagos de TCC.

Declaro bajo pena de perjurio, en conformidad con las leyes de los Estados Unidos de América y del Estado de California, que la información contenida en esta solicitud es verdadera, correcta, y completa, y que se proveyó el cuidado de niños.

FIRMA DEL PROVEEDOR	FECHA
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Comentarios: